



## PATENT APPLICATION

Attorney Docket No. 330012-00002  
Date: April 11, 2003

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): LINK, et al.  
Application No.: 09/811,842  
Filed: March 19, 2001For: METHODS AND COMPOSITIONS FOR  
ELUCIDATING PROTEIN  
EXPRESSION PROFILES IN CELLSGroup Art Unit: 1636  
Examiner: Loeb, B.

## CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with  
the United States Postal Service as first class mail in  
an envelope addressed to Attention: Assistant  
Commissioner for Patents, Washington, D.C. 20231,  
on this date.3/5/03  
DateDavid W. Clough, Ph.D.  
Registration No. 36,107  
Attorney for Applicant(s)

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## TRANSMITTAL

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith are the following:

1. (X) Amendment and Response to Office Action mailed October 19, 2002.
2. (X) Petition for Extension of Time within the third month with fee of under 37 C.F.R. § 1.17(a)(3).
3. (X) Revocation and Appointment of Power of Attorney.
3. **Fee for Claims**

- (X) No additional fee is required.

The fee for additional claims in accordance with 37 C.F.R. § 1.16(b)-(d) has been calculated as shown  
below:

(X) No additional fee is required.

The fee for additional claims in accordance with 37 C.F.R. §1.16(b)(1) is set forth below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY		
	Claims Remaining After Amendment	Highest No. Previously Paid for		Present Extra	Rate	Additional Fee	Rate	Additional Fee	
Total	80	Minus	52	28	x 9	252.00-	x 18	-	
Indep.	7	Minus	7	-	X 84	-	x 42	-	
					+140	140.00	+280	-	
Fee for Multiple Dependent Claims					TOTAL ADDITIONAL FEES		392.00	OR	-

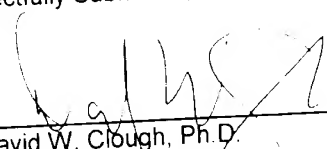
4. **Method of Payment of Fees**

- (X) Enclosed is our firm check in the amount of: \$ 392.00  
( ) Charge \$ \_\_\_\_\_ to Deposit Account No. 50-1214.

5. (X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate.

Respectfully Submitted,

April 11, 2003  
(Date)

By:   
David W. Clough, Ph.D.  
Registration No. 36,107

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